



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

November 14, 2006

FILE COPY

Donna Winther, Administrator  
Clark House  
1401 N Polk St  
Moscow, ID 83843

License #: RC-558

Dear Ms. Winther:

On August 23, 2006, a state licensure survey was conducted at Clark House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PWG/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 6, 2006

Donna Winther, Administrator  
Clark House  
1401 N Polk St  
Moscow, ID 83843

Dear Ms. Winther:

On August 23, 2006, a State Licensure survey was conducted at Clark House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 22, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R558</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARK HOUSE</b>		STREET ADDRESS CITY STATE ZIP CODE <b>1401 N POLK ST MOSCOW, ID 83843</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>Initial Comments</b></p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on August 23, 2006. The surveyors conducting the standard survey were:</p> <p>Polly Watt-Geier, LSW Team Leader Health Facility Surveyor</p> <p>Rebecca Winter, RN Health Facility Surveyor</p> <p>John Wingate, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

MM5H11

If continuation sheet 1 of 1



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HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
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ASSISTEL LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Clark House</i>	Physical Address <i>1401 N. Polk Street</i>	Phone Number <i>(208) 882-3438</i>
Administrator <i>Donna Winther</i>	City <i>Moscow</i>	ZIP Code <i>83843</i>
Survey Team Leader <i>Tolly Watt-Geyer</i>	Survey Type <i>Standard Survey</i>	Survey Date <i>8/23/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	
1	16.03.22.300.01	The facility RN did not visit Facility and complete required assessment every 90 days For 3 of 7 residents. (Resident # 1, 3 and 4)	9-14-06	9/27/06 PWS
2	16.03.22.300.01	The facility RN did not delegate all nursing functions to unlicensed personnel.	6-28-06	11/16/06 PWS
3	16.03.22.305.06	The facility RN did not assure the resident was capable to safely continue the self administered medication for the next ninety (90) days. (Resident # 1 and 4)	9-14-06	9/27/06 PWS
4	16.03.22.305.07	The facility RN did not conduct a review of the residents use of medications for side effects, interactions or abuse. (Resident # 4)	8-28-06	9/27/06 PWS
5	16.03.22.310.01	The facility did not assure a medi-set was filled by a pharmacist or a licensed nurse, and was properly labeled. (Resident # 6)	9-18-06	11/16/06 PWS
6	16.03.22.310.01	Not all medications were kept in a locked area. (Resident # 1 and 4)	8/23/06	9/27/06 PWS

Response Required Date

*9/23/06*

Signature of Facility Representative

*Donna Winther*

RECEIVED

SEP 26 2006

FACILITY STANDARDS



# ASSISTEL LIVING

## Non-Core Issues

### Punch List

Facility Name Clark House	Physical Address 1401 N. Polk Street	Phone Number 882-3438
Administrator Donna Winther	City Moscow	ZIP Code 83843
Survey Team Leader Polly Watt-Geyer	Survey Type Standard Survey	Survey Date 8/23/06

[illegible]

SEP 26 2006

9/23/06

Anna L. Withen RD

## ~~FACILITY STANDARDS~~